## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

Q8009

| (Column 1) (Column 2)                                                    |                                                                                                                                                                                                                          |                                           |                       |                                            |                  |                     | SMALL ENTITY        |                        | O.P.   | OTHER THAN OR SMALL ENTITY |                        |  |  |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------|--------------------------------------------|------------------|---------------------|---------------------|------------------------|--------|----------------------------|------------------------|--|--|
| TOTAL CLAIMS                                                             |                                                                                                                                                                                                                          |                                           | in                    |                                            |                  | ٦ ·                 | RATE                | FEE                    | ر<br>ا | RATE                       | FEE                    |  |  |
| FOR                                                                      |                                                                                                                                                                                                                          |                                           | NUMBER FILED          |                                            | IUMBER EXTRA     | ┪                   | BASIC FEI           | +                      | ┥      | 24242                      |                        |  |  |
|                                                                          |                                                                                                                                                                                                                          |                                           | /// minus 20= *       |                                            | IOMBEN EXTRA     |                     |                     | 363.00                 | OR     | 523107 22                  | 770.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS                                                  |                                                                                                                                                                                                                          |                                           | /1/ mir               |                                            | -                | X\$ 9=              |                     | OR                     | X\$18= |                            |                        |  |  |
| INDEPENDENT CLAIMS                                                       |                                                                                                                                                                                                                          |                                           | minus 3 =             |                                            |                  | 4                   | X43=                |                        | OR     | X86=                       |                        |  |  |
| M                                                                        | JETIPLE DEPE                                                                                                                                                                                                             | NDENT CLAIM P                             | HESENT                | ESENI                                      |                  |                     | +145=               |                        | OR     | +290=                      |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                                                                                                                                                                                          |                                           |                       |                                            |                  | i                   | TOTAL               |                        | OR     | TOTAL                      | 170                    |  |  |
| 1                                                                        | CLAIMS AS AMENDED - PART II                                                                                                                                                                                              |                                           |                       |                                            |                  |                     |                     | OTHER THAN             |        |                            |                        |  |  |
| $\underline{\mathscr{V}}$                                                | 1916                                                                                                                                                                                                                     | (Column 1)                                | (Column 2) (Column 3) |                                            |                  | 3)                  | 1                   |                        |        | OR SMALL ENTIT             |                        |  |  |
| AMENDMENT A                                                              |                                                                                                                                                                                                                          | REMAINING<br>AFTER<br>AMENDMENT           |                       | NUMBER<br>PREVIOUSI<br>PAID FOR            | PRESENT<br>EXTRA |                     | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |  |  |
|                                                                          | Total                                                                                                                                                                                                                    | • 7                                       | Minus                 | - 20                                       | 2 = /            |                     | X\$ 9=              |                        | OR     | X\$18=                     |                        |  |  |
| AME                                                                      | Independent                                                                                                                                                                                                              | NTATION OF M                              | Minus                 | *** 3                                      | = /              | -  [                | X43=                | . /                    | OR     | X86=                       |                        |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |                                                                                                                                                                                                                          |                                           |                       |                                            |                  |                     | +145=               |                        | OR     | +290=                      |                        |  |  |
|                                                                          |                                                                                                                                                                                                                          |                                           |                       |                                            |                  |                     | TOTAL<br>ADDIT, FEE | /                      | OR     | TOTAL<br>ADDIT, FEE        |                        |  |  |
|                                                                          |                                                                                                                                                                                                                          | <u>)</u>                                  |                       |                                            |                  |                     | 1                   |                        |        |                            |                        |  |  |
| AMENDMENT B                                                              |                                                                                                                                                                                                                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | 4                     | HIGHEST<br>NUMBER<br>PREVIOUSL<br>PAID FOR |                  |                     | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |  |  |
|                                                                          | Total                                                                                                                                                                                                                    | •                                         | Minus                 | **                                         | =                | ] [                 | X\$ 9=              |                        | OR     | X\$18=                     |                        |  |  |
| AME                                                                      | Independent                                                                                                                                                                                                              | •                                         | Minus                 | ***                                        |                  |                     | X43=                |                        | OR     | X86≈                       |                        |  |  |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                           |                                           |                       |                                            |                  | ┚┞                  | +145=               |                        | On     |                            |                        |  |  |
|                                                                          |                                                                                                                                                                                                                          |                                           |                       |                                            |                  |                     |                     |                        | OR     | +290=                      | •                      |  |  |
|                                                                          |                                                                                                                                                                                                                          |                                           |                       |                                            |                  |                     |                     |                        | OR     | ADDIT. FEE                 |                        |  |  |
| _                                                                        |                                                                                                                                                                                                                          | (Column 1)                                |                       | (Column 2                                  | (Column 3        | 3)                  |                     |                        |        |                            |                        |  |  |
| AMENDMENT C                                                              |                                                                                                                                                                                                                          | REMAINING<br>AFTER<br>AMENDMENT           | ·                     | HIGHEST NUMBER PREVIOUSL' PAID FOR         | PRESENT<br>EXTRA |                     | RATE                | ADDI-<br>TIONAL<br>FEE | :      | RATE                       | ADDI-<br>TIONAL<br>FEE |  |  |
|                                                                          | Total                                                                                                                                                                                                                    | *                                         | Minus                 | **                                         |                  | _  [                | X\$ 9=              |                        | OR     | X\$18=                     |                        |  |  |
|                                                                          | Independent                                                                                                                                                                                                              | •                                         | Minus                 | ***                                        | = .              | ]                   | X43=                |                        |        | X86=                       |                        |  |  |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                           |                                           |                       |                                            |                  |                     |                     |                        | OR     | 700-                       |                        |  |  |
| • 14                                                                     | the entry in colur                                                                                                                                                                                                       | Ĺ                                         | +145=                 |                                            | OR               | +290=               |                     |                        |        |                            |                        |  |  |
| 1                                                                        | I the "Highest Nur                                                                                                                                                                                                       | 0." A                                     | TOTAL<br>DDIT. FEE    |                                            | OR ,             | TOTAL<br>VDDIT, FEE |                     |                        |        |                            |                        |  |  |
| ٠                                                                        | ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |                       |                                            |                  |                     |                     |                        |        |                            |                        |  |  |